



Large Print Edition

Medicare Hospice Benefits

**a special way of caring for people
who have a terminal illness**

**This is the official government publication
for Medicare hospice benefits with important
information about:**

- The hospice program and who is eligible.
- Your Medicare hospice benefits.
- How to find a hospice program.
- Where you can get more help.



Centers for Medicare & Medicaid Services

Finding What You Want To Know

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1 — Medicare Hospice Benefits

What is hospice?

Hospice is a special way of caring for people who are terminally ill. Hospice care also helps the family of people who are terminally ill. This care includes physical care and counseling. A public agency or private company approved by Medicare can give hospice care for all age groups during their final stages of life, including children, adults, and the elderly. The goal of hospice is to care for you and your family if you are terminally ill, not to cure your illness.

If you qualify for hospice care, you can get medical and support services, including nursing care, medical social services, doctor services, counseling, homemaker services, and other types of services (see page 5). You will have a team of doctors, nurses, home health aides, social workers, counselors, and trained volunteers available to help you and your family cope with your illness. In many cases, you and your family can stay together in the comfort of your home. Depending on your condition, you may have hospice care in a hospice residential facility, hospital, or nursing home.

● **End of Page**

2 — Medicare Hospice Benefits (continued)

Who is eligible for Medicare hospice benefits?

Hospice care is covered under Medicare Part A (Hospital Insurance). You are eligible for Medicare hospice benefits when you meet **all** of the following conditions:

- You are eligible for Medicare Part A (Hospital Insurance), and
- Your doctor and the hospice medical director certify that you are terminally ill and probably have less than six months to live, and
- You sign a statement choosing hospice care instead of routine Medicare covered benefits for your terminal illness*, and

* Medicare will still pay for covered benefits for any health problems that aren't related to your terminal illness (see page 10 "Can I keep my Medicare health plan?").

- You receive care from a Medicare-approved hospice program.

- **End of Page**

3 — How Hospice Works

How does hospice work?

Your doctor and the hospice will work with you and your family to set up a plan of care that meets your needs. The plan of care includes the hospice services you need that are covered by Medicare. The chart on page 5 lists these hospice services, including grief and loss counseling for your family. For more specific information on a hospice plan of care, call your State Hospice Organization (see pages 15 – 20).

The care that the hospice gives you is meant to help you make the most of the last months of life by giving you comfort and relief from pain. The focus is on care, not cure.

As a hospice patient, there is a team of people that will help take care of you. They are . . .

- your family
- a doctor
- a nurse
- counselors, including psychologists and clergy
- a social worker
- home health aides
- trained volunteers

4 — How Hospice Works (continued)

How does hospice work? (continued)

Volunteers are trained to help with everyday tasks, such as shopping, transportation, household chores, and they may provide companionship. Speech-language, physical, and occupational therapists, and other people who are trained to give care are also there for you when you need them.

A family member or other person who cares for you might be with you every day, and members of the hospice team will make regular visits. A nurse and a doctor are on-call 24 hours a day, seven days a week to give you and your family support and care when you need it. If you should need care in a hospital for your illness, the hospice team will help arrange your stay.

Even though a doctor is a part of the hospice team, you can choose to use your regular doctor, who might not be a part of the hospice, to get care. The hospice will work closely with your regular doctor to give you the care that you need.

Remember: Call a national hospice association (see page 14) or your State Hospice Organization (see pages 15 – 20) to find a hospice program in your area.

● **End of Page**

5 — What Medicare Covers

What does Medicare cover?

Medicare covers these hospice services and pays nearly all of their costs:

- Doctor services
- Nursing care
- Medical equipment (like wheelchairs or walkers)
- Medical supplies (like bandages and catheters)
- Drugs for symptom control and pain relief
- Short-term care in the hospital, including respite care (see page 6)
- Home health aide and homemaker services
- Physical and occupational therapy
- Speech therapy
- Social worker services
- Dietary counseling
- Grief and loss counseling to help you and your family

You will only have to pay part of the cost for outpatient drugs and inpatient respite care (see page 9, “What will I have to pay for hospice care?”).

6 — What Medicare Covers (continued)

What is respite care?

Respite care is care given to a hospice patient by another caregiver so that the usual caregiver can rest. As a hospice patient, you may have one person who takes care of you every day, like a family member. Sometimes your caregiver needs someone to take care of you for a short time while they do other things that need to be done. During a period of respite care, you will be cared for in a Medicare-approved facility, such as a hospice residential facility, hospital, or nursing home (see page 9).

● **End of Page**

7 — What Isn't Covered

What isn't covered?

The care that you get for your terminal illness must be from a hospice. When you choose hospice care, Medicare won't pay for any of the following:

- **Treatment intended to cure your terminal illness.**

As a hospice patient, you can get comfort care to help you cope with your illness, not cure it. Comfort care includes drugs for symptom control and pain relief, physical care, counseling, and other hospice services (see page 5). Hospice uses medicine, equipment, and supplies to make you as comfortable and pain-free as possible. Medicare won't pay for treatment to cure your illness. You should talk with your doctor if you are thinking about potential treatment to cure your illness. As a hospice patient, you always have the right to stop getting hospice care and receive the Medicare coverage you had before electing hospice (see page 12).

- **Care from another hospice that wasn't set up by your hospice.**

You must get hospice care from the hospice program you chose. You can't get hospice care from another hospice provider, unless you officially change your hospice program (see page 13).

8 — What Isn't Covered (continued)

What isn't covered? (continued)

- **Care from another provider that is the same care that you must get from your hospice.**

All care that you get for your terminal illness must be given by your hospice team. You can't get the same type of care from a different provider unless you change your hospice provider (see page 13).

- **Room and board**

Room and board aren't covered by Medicare if you get hospice care in your home, or if you live in a nursing home or a hospice residential facility. In certain cases, depending on the level of services provided, the costs for room and board are included in Medicare's payment (for example, when a hospice patient is admitted to a hospital or skilled nursing facility for the inpatient or respite level of care).

- **End of Page**

9 — What You Pay

What will I have to pay for hospice care?

Medicare pays the hospice for your hospice care. You will have to pay:

- **No more than \$5 for each prescription drug and other similar products:** The hospice can charge up to \$5 for each prescription for outpatient drugs or other similar products for pain relief and symptom control.
- **5% of the Medicare payment amount for inpatient respite care:** For example, if Medicare pays \$100 per day for inpatient respite care, you will pay \$5 per day. You can stay in a Medicare-approved hospital or nursing home up to five days each time you get respite care. There is no limit to the number of times you can get respite care. **The amount you pay for respite care can change each year.**
- **End of Page**

10 — What You Pay (continued)

Can I keep my Medicare health plan?

Yes. You should use your Medicare health plan (like the Original Medicare Plan or a Medicare + Choice Plan) to get care for any health problems that aren't related to your terminal illness. You may be able to get this care from your own doctor, who isn't a part of the hospice, or from the hospice doctor. When you use your Medicare health plan, you must pay the deductible and coinsurance amounts (if you have the Original Medicare Plan), or the copayment (if you have a Medicare + Choice Plan). For more information about Medicare health plans, including deductibles, coinsurance, and copayments, look in your **Medicare & You** handbook (CMS Pub. No. 10050). If you don't have the **Medicare & You** handbook, you can get a free copy by calling 1 800 633 - 4227. TTY users should call 1 877 486 - 2048.

Important information about Medigap (Medicare Supplement Insurance) policies: If you are in the Original Medicare Plan, you might have a Medigap (Medicare Supplement Insurance) policy. Your Medigap policy still helps to cover the costs for the care of health problems that aren't related to your terminal illness. Call your insurance company for more information. You can also call 1 800 633 - 4227 and ask for a free copy of the **Guide to Health Insurance for People with Medicare: Choosing a Medigap Policy** (CMS Pub. No. 02110). This guide will give you more information on using Medigap policies. TTY users should call 1 877 486 - 2048.

11 — How Long You Can Get Hospice Care

How long can I get hospice care?

You can get hospice care as long as your doctor certifies that you are terminally ill and probably have less than six months to live. Even if you live longer than six months, you can get hospice care as long as your doctor recertifies that you are terminally ill.

Hospice care is given in periods of care. As a hospice patient, you can get hospice care for two 90-day periods followed by an unlimited number of 60-day periods. **At the start of each period of care, your doctor must certify that you are terminally ill for you to continue getting hospice care.** A period of care starts the day you begin to get hospice care. It ends when your 90- or 60-day period ends. If your doctor recertifies that you are terminally ill, your care continues through another period of care.

Note: Periods of care are important. They are a time when your doctor recertifies that you still need and remain eligible for hospice care.

● **End of Page**

12 — How Long You Can Get Hospice Care (continued)

As a hospice patient, why would I stop getting hospice care?

Sometimes a terminally ill patient's health improves or their illness goes into remission. If that happens, your doctor may feel that you no longer need hospice care and won't recertify you at that time. Also, as a hospice patient, you always have the right to stop getting hospice care, for any reason. If you stop your hospice care, you will receive the type of Medicare coverage that you had before electing hospice, (like the Original Medicare Plan or a Medicare + Choice Plan). If you are eligible, you can go back to hospice care at any time.

Example: Mrs. Jones is a cancer patient who received hospice care for two 90-day periods of care. Mrs. Jones' cancer went into remission. At the start of her 60-day period of care, Mrs. Jones and her doctor decided that, due to her remission, she would not need to return to hospice care at that time. Mrs. Jones' doctor told her that if she becomes eligible for hospice in the future, she may be recertified and can return to hospice care.

13 — How to Find a Hospice Program

How can I find a hospice program?

To find a hospice program, call your State Hospice Organization (see phone numbers on pages 15 – 20). The hospice you choose must be Medicare-approved to get Medicare payment. To find out if a hospice program is Medicare-approved, ask your doctor, the hospice program, your State Hospice Organization, or your State Health Department.

Can I change the hospice provider I get care from?

As a hospice patient, you have the right to change hospice providers only once during each period of care.

● **End of Page**

14 — Where to Get More Information

Where can I get more information?

To get more information:

1. Call national hospice associations or visit their websites.
 - National Hospice and Palliative Care Organization (NHPCO)
1700 Diagonal Road, Suite 625
Alexandria, VA 22314
1 800 658 - 8898
www.nhpco.org
 - Hospice Association of America
228 7th Street, SE
Washington, DC 20003
1 202 546 - 4759
www.hospice-america.org
2. Call 1 800 633 - 4227.
TTY users should call 1 877 486 - 2048.
3. Look at www.medicare.gov on the web.
4. Call your State Hospice Organization to find a hospice program in your area (see phone numbers on pages 15 – 20).

At the time of printing, these phone numbers were correct. Phone numbers sometimes change. To get the most updated phone numbers, call 1 800 633 - 4227. TTY users should call 1 877 486 - 2048. Or, look at www.medicare.gov on the web. Select “Important Contacts.”

15 — Where to Get More Information (continued)

This page has been intentionally left blank. It contains phone number information. For the most recent phone number information, please visit the **Helpful Contacts** section of our web site. Thank you.

16 — Where to Get More Information (continued)

This page has been intentionally left blank. It contains phone number information. For the most recent phone number information, please visit the **Helpful Contacts** section of our web site. Thank you.

17 — Where to Get More Information (continued)

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18 — Where to Get More Information (continued)

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19 — Where to Get More Information (continued)

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20 — Where to Get More Information (continued)

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Medicare Hospice Benefits isn't a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.

The information in this booklet was correct when it was printed. Changes may occur after printing. For the most up-to-date version, look at www.medicare.gov on the web. Select "Publications." Or, call 1 800 633 - 4227. A Customer Service Representative can tell you if the information has been updated. TTY users should call 1 877 486 - 2048.

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